

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048636

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11879

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 18 1962

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. LouisLength of stay in 1b
lmo. 21 das.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Firmin DesLoge HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission)
a. STATE Ill. b. COUNTY St. Clair

c. CITY OR TOWN Fairmont City

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
2758 North 42nd. StreetReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ALBERT

JOHN

ONOFREY

4. DATE OF DEATH

Month

Day

Year

Dec. 8, 1962

5. SEX

MALE

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/15/14

9. AGE (last birthday)

48

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Operator

10b. KIND OF BUSINESS OR INDUSTRY

American Zinc Co.

11. BIRTHPLACE (City and state or country)

Taylor Springs, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Onofrey

13b. MOTHER'S MAIDEN NAME

Susan Yanosko

14. NAME OF HUSBAND OR WIFE

Ann Onofrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ann Onofrey-Fairmont City, Ill.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic Carcinoma of Lungs

INTERVAL BETWEEN ONSET AND DEATH

1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Prob. secondary to malignancy

DUE TO (c)

2 Kidneys 180x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic Ht. Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Jan 4 1962

to Dec 7, 1962

and last saw him alive on Dec 7 1962

Death occurred at

7:45 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C. H. Klingschmidt M.D.

22b. ADDRESS

508 N. Grand Ave

22c. DATE SIGNED

12-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12/12/62

23c. NAME OF CEMETERY OR CREMATORY

Mount Carmel

23d. LOCATION (City, town, or county)

Belleville, Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

John J. Kassly-East St. Louis, Illinois

25. DATE RECD. BY LOCAL REG.

DEC 11 1962

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by Not Embalmed, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed John J. Cassidy III

Licensed Embalmer No. 5039

P. O. Address E. St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.